



CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

PRIVACY RELEASE FORM

I hereby authorize Congresswoman Carolyn McCarthy to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of the U.S. Citizenship & Immigration Services (U.S. CIS).

I hereby declare that I am currently a resident of the Fourth Congressional District and the above information is truthful and complete to the best of my knowledge. In addition, if it is found that the information below is not truthful and complete, my case will be closed and Congresswoman Carolyn McCarthy and/or her staff will take no further action on my behalf.

Signature of Person Requesting Information: X _____ Date: _____

Please Circle: Mr. / Mrs. / Ms.

Last Name (as filed): _____ First Name: _____ MI: _____

Current Physical Address (NO P.O. Boxes): _____

City: _____ State: New York Zip Code: _____

Telephone: (Home) _____ (Work) _____

Date of Birth: _____ City and Country of Birth: _____

Immigration Number/ A #: _____ Social Security Number: _____

Type of Application Filed with the U.S. CIS: I-130 ___ I-485 ___ N-400 ___ I-765 ___ Other: _____

Petitioner's Name: _____

Beneficiary's Name: _____

U.S. CIS Application Case Number (EAC/LIN/ MSC): _____

National Visa Center Case Number: _____ Embassy: _____

Date Application Was Filed: _____ Date of Original Payment: _____

Date of Last Correspondence From U.S. CIS: _____ Date and Place Interviewed: _____

Briefly state the nature of your problem (be specific): _____

(If you need more space please use another sheet of paper)

FOR CONGRESSIONAL USE ONLY

Date Received: _____

Date Sent to U.S. CIS: _____

Remind Date: _____